



## JEFFERSON PEARCE FUTCH

License Number: PO3392

Profession	Podiatric Physician
License Status	Obligations/Active
Year Began Practicing	Not Provided
License Expiration Date	03/31/2026

## General Information

### Primary Practice Address

JEFFERSON PEARCE FUTCH  
145 HILDEN ROAD  
SUITE 103  
PONTE VEDRA, FL 32081

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
BAPTIST MEDICAL CENTER	JACKSONVILLE	FLORIDA
BAPTIST MEDICAL CENTER-SOUTH	JACKSONVILLE	FLORIDA

### Email Address

Please contact at: [drfutch@futchpodiatry.com](mailto:drfutch@futchpodiatry.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	PODIATRY

## Education and Training

## Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
TEMPLE UNIVERSITY SCHOOL OF PODIATRIC MEDICINE			05/01/2006

## Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
VALDOSTA STATE UNIVERSITY	VALDOSTA	GEORGIA	09/01/1998	12/20/2001	BS BIOLOGY

## Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
ATLANTA VA MEDICAL CENTER	RESIDENCY	PIR - PODIATRIC INTERNSHIP/RESIDENCY		DECATUR	GEORGIA	07/01/2006	06/30/2009

## Academic Appointments

### Graduate Medical Education

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

### Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

## Specialty Certification

### Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN BOARD OF PODIATRIC SURGERY	FOOT AND ANKLE SURGERY	
AMERICAN BOARD OF PODIATRIC MEDICINE	PODIATRIC MEDICINE	

## Financial Responsibility

### Financial Responsibility

I have obtained and will maintain professional liability coverage in an amount not less than \$50,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 629.914(2), F.S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F.S., or through a plan of self-insurance as provided in s. 627.357, F.S.

## Proceedings and Actions

### Proceedings & Actions

#### Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

View Discipline Narratives

View Board Actions

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	05/05/2025	OBLIGATIONS IMPOSED	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
FINE	5/5/2025	5/4/2027		\$ 10,000.00	\$ 0.00
COSTS	5/5/2025	5/4/2027		\$ 2,512.31	\$ 0.00
SERVICE AS A QUALIFIED MONITOR	5/5/2025			\$ 0.00	\$ 0.00
SUBSEQUENT ORDER	5/8/2025			\$ 0.00	\$ 0.00
CE: PREVENTING MEDICAL ERRORS		5/5/2025		\$ 0.00	\$ 0.00
CE: RISK MANAGEMENT		5/7/2026		\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has \*NEVER\* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

Liability Claims Exceeding \$5,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click [here](#).

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
10/08/2018	ST. JOHNS	CA19-1555	12/07/2021	\$95,000.00	\$1,000,000.00
12/26/2018	ST. JOHNS	CA20-1371	01/23/2023	\$225,000.00	\$1,000,000.00
05/18/2020	ST. JOHNS	2022-CA-001433	10/04/2023	\$115,000.00	\$1,000,000.00

# Optional Information

## Committees/Memberships

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

## Professional or Community Service Awards

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
	APMA
	AMERICAN COLLEGE OF FOOT AND ANKLE SURGERY

## Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

## Professional Web Page

www.futchpodiatry.com

## Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

## Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
06/08-PRESENT
07/07-PRESENT
07/07-PRESENT